

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09 597801	FILING DATE	6/26/02
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24	1					
25						
26		1				
27	1					
28		1				
29		2				
30						
31	1					
32		1				
33						
34						
35	1					
36		1				
37		1				
38						
39	1					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.	10					
TOTAL DEP.	42					
TOTAL CLAIMS	52					

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

BEST AVAILABLE COPY